



---

FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

---

January/February 1998 Vol. 7 No. 1

Dear Friends,

We begin 1998 with "thank you." Thank you to all the volunteers who opened their homes and hearts to talk to new family members. Thank you to the parent who attended a "confrontation" with a newly accused father and totally changed its direction by asking questions about the Royal College of Psychiatrists' recommendations. Thank you to all, professionals and families, who have taken the time to write a letter, make a call, or find some way to educate others about this issue. Thank you to the memory researchers who have continued to help us understand more about our memories. Thank you to the journalists who were thorough in the study of complex issues of memory and who have had the courage to speak honestly about what they have learned. Thank you to the Royal College of Psychiatrists for the clear recommendations. Thank you to the Missouri Psychiatric Association for compassion and professionalism in introducing an updated set of guidelines on recovery of memory to the American Psychiatric Association. Thank you to our Advisory Board for the steadfast support and good advice. Thank you to all whose generosity has made it possible for the Foundation to continue its work. And thank you to the generous donor for providing the funding that will enable us to have a meeting with our Scientific and Professional Advisory Board this spring to discuss the future of the Foundation. Together, we have made a difference in people's lives, in understanding the science of memory and in improving psychiatric practice.

For the past several years we have started the new year with a summary of the significant events of the past year. In 1997 so much happened, however, that we do not have the space to do that. This year we have limited our summary to the appellate-level decisions that are setting the legal direction for claims of recovered repressed memories and to an insightful article by retractor Beth Rutherford.

In future issues we will catch up with the details of the many things that have happened just since the last newsletter. Some of these are: the overturning of the Doggett conviction in Wenatchee; the scandal that has raised new questions about the conviction of Peter Ellis in the day care case

in New Zealand; the acquittal in British Columbia for Michael Kliman in his third trial for the same recovered repressed memory accusations; the closing of Rush Presbyterian Dissociative Disorders Unit; the "60 Minutes" program about Nadean Cool; and the *San Jose Mercury News* investigative report on the handling of complaints against therapists in California.

The beginning of 1998 finds families on a wide continuum of experience with the FMS problem. At one end of the continuum we have newly accused families. At the other end, we have families who have resolved the problems. Phone calls to the Foundation are a barometer of concerns of those dealing with false accusations based on claims of recovered repressed memory. Here are a few calls that Toby has had in the past week:

We heard from a family who recently wrote to the newsletter to tell of their decision to make a last-ditch effort at reconciliation. They had written letters to their two accusing daughters saying that either they join them in a reconciliation effort or the parents would go on with their lives without them. The call was to let us know that a few weeks later they received replies from both daughters, eventually resulting in a retraction from one and a returning to the family from the other.

A call from another parent was very different. After no contact for several years from his accusing daughter, a father said he received a phone call asking him to meet her. He was very excited about the possibility of reuniting and when he expressed this at the meeting the daughter said, "I'm here to talk about incest. Until you admit what you did

---

***In this issue...***

Allen Feld .....	4
Paul Simpson .....	5
Make a Difference .....	6
Legal Corner .....	7
Book Reviews (Ralph Slovenko, Loren Pankrantz) ....	12
Beth Rutherford .....	13
From Our Readers .....	16
Bulletin Board .....	18

and say you're sorry, we can't have a relationship." The father would not admit to something he had not done and there was no reconciliation.

That same day a call came from another father who had just received a letter from his daughter who had accused him over six years ago and who had cut off all contact with the family. He felt that the letter was very positive and responded that he would like to get together with her. We discussed some possible outcomes from such a meeting, including behaviors he might expect from his daughter. We're waiting to hear about the results of that meeting.

Another call that day came from a state contact who wanted to know if we had any resources that would help address issues around reconciliation. His local group wanted to make a project out of this. We discussed some of the areas on which they might focus and sent information on reconciliation and mediation.

Two other recent calls came from therapists. The first was a sibling of a young woman who had made allegations against her family, neighbors and former teachers. The caller said that she looks at this whole "false memory thing" differently now that she is personally involved. The second therapist was an accused mother and she wanted to be put in touch with other therapists who have been falsely accused.

We are getting fewer calls from newly-accused people. What families appear to be focusing on now are hopes of reconciliation and assurances that this kind of problem will not happen again. We call on the professional organizations and professionals to help us in this effort in 1998.

*Pamela*

#### **special thanks**

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Howard Fishman, Peter Freyd. *Research:* Merci Federici, Michele Gregg, Anita Lipton. *Notices and Production:* Ric Powell. *Columnists:* Katie Spanuello and members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

## **A REMINDER**

Pamela Freyd

*Does the FMS Foundation say that all "recovered memories" are false?* The Foundation has said that some memories are true, some are a mixture of fact and fantasy and some are false—whether those memories seem to be continuous or seem to be remembered after a time of being forgotten. Although this position has been published many times, we still find references stating that the FMSF says all recovered memories are false.<sup>(1)</sup>

The confusion perhaps stems from the inflation of the term "recovered memories" beyond the narrowly defined meaning that was the catalyst for the formation of the FMSF. It may be helpful, therefore, to start 1998 with a reminder of the constellation of claims about "recovered memories." The Foundation has asked for scientific evidence in support of these claims. The "recovered memories" that have been the focus of concern to the Foundation are those that have been used in the literature in the following context:

When a child experiences a trauma that is overwhelming, it is said that he or she represses it (or dissociates) in order to survive. It is not specified whether this is an active or a passive process. It is believed that if the same traumatic experience happens again, the child has no memory that he or she has suffered the same experience before. This lack of awareness can go on for hundreds of events taking place over many years, even decades.

(Unexplained is why the child made no effort to avoid the alleged perpetrator or the circumstances in which the alleged abuse occurs. Unexplained is why there was no evidence of alleged rapes or of scars from torture. Unexplained is how the child functioned so normally in everyday life that no one around the child including siblings, relatives, teachers, doctors, friends, baby-sitters, or neighbors, suspected that anything was wrong or said anything at the time. Unexplained is how all of these many possible witnesses could be "in denial" or could have also repressed the memory.)

At the same time, the memory is said to be stored someplace in the brain or body. It is claimed that this stored memory "leaks" and causes the child to have symptoms. Yet it appears that neither the child nor those around the child has knowledge of the symptoms or else the symptoms don't

#### **HAVE YOU MADE YOUR PLEDGE?**

Have you made your contribution to the Foundation's annual fundraising drive? If not, please take a few minutes to think how professionals now recognize what false memory syndrome is and how it devastates families. If you are one of those families, try to imagine what it would have been like if there had been no one to call. Without your support, affected families, former patients, professionals, and the media will have no place to turn. Please be generous. Whatever you are able to contribute is deeply appreciated. To those who have already returned your pledge card, our thanks for helping to ensure that those who need the Foundation's help will continue to receive it.

become evident until the person is an adult. It is believed that even though the memory leaks, the person is unable to access the memory. It is said that when the person is an adult and becomes a patient who is in a safe place such as a therapist's office, the patient can gain the insight that he or she has symptoms and that these symptoms are a sign of past abuse that the person does not remember. It is said that the fact that the patient does not remember any abuse is a sign that the abuse was so terrible that memories of it were repressed or dissociated. It is believed that with the help of a therapist and such "memory recovery" techniques as hypnosis, sodium amytal, dream interpretation, journaling, guided imagery, participation in survivor groups or reading survivor literature, the person is able to remember the abuse and the memory is presumed to be accurate. It is said that in order to "heal" from the childhood abuse, the patient can be empowered by confronting and sometimes suing the alleged perpetrator. It is said that the patient stops being a "victim" by cutting off all contact with the alleged perpetrator(s) and anyone who does not validate his or her new memories.

This describes how "recovered memories" were understood and presented by trauma therapists and their supporters at the time the FMS Foundation was formed. This is the way that they were reported by accused parents who contacted the Foundation. As the nonsense of this concept has become obvious, some trauma therapists have begun to inflate the meaning of "recovered memories" to include "forgotten-and-remembered" events. This inflation of meaning has confused or even harmed patients by blurring the distinction between the claims that have been challenged by the Foundation and the memories of those who were genuinely abused. It has helped to fuel anger because it has made those genuine victims feel they

are not believed.

The FMSF has challenged the meaning of "recovered memories" as described in the literature. The FMSF has questioned the existence of "repressed memory syndrome" as it has been presented in the literature and in legal cases. The FMSF has never questioned the fact that people forget and later remember all kinds of things, including traumatic experiences. People do forget things. People do sometimes recall those things. There is, however, no scientific evidence for the existence of the constellation of beliefs that are included in the description of "recovered memories" given above.

#### *Inflated and narrow meanings of "recovered memories"*

Those who inflate the meaning of recovered memories and then claim that FMSF doubts them *all*, do so for their own political agendas. They falsely characterize the Foundation's position so it can be more easily attacked. A few of these same memory therapists have written about studies that show some people have recovered memories of single or brief events that might have been traumatic and for which there is external corroboration. They then try to use these studies as a kind of "existence proof" to say that people can recover historically-accurate memories and thus the FMSF must be wrong because they say all "recovered memories" are to be questioned. Of course, that ignores what the FMSF has actually said.

These same trauma therapists at other times want a very narrow definition of "recovered memories." They say that the kinds of "false memories" that have been shown to exist through scientific laboratory studies are outside the scope of what real therapists do with real patients and therefore they do not qualify as "recovered memories." In this case they define "recovered memories" in a narrow sense as something only therapists can find.

#### *Carts and Horses:*

Is there scientific evidence that massive or robust amnesia caused by a traumatic experience as described in the earlier literature actually exists? That is a question that has been asked repeatedly by the Foundation.

In spite of the lack of scientific evidence, some trauma therapists have cited the work of van der Kolk to show that traumatic memories are stored differently. Ignoring for the moment methodological problems with this work, there is nothing in the biological theory that demonstrates that the memories would be inaccessible. Indeed, there is evidence that such memories are more intrusive than non-traumatic memories.<sup>[2]</sup> There is nothing in the biological theory that could account for the fact that memories of sexual abuse events are remembered any differently from memories of other traumatic events. To date, believers in the biological theory are putting the cart before the horse.

There is still no scientific evidence that such a "recovered repressed memory" phenomenon really exists. Speculative theories for a process that has never been shown to exist are science fiction, not established science.

The Foundation has never said that any kind of memory is always false or that any kind of memory is always true. We challenge anyone to provide a citation from the Foundation literature that makes any such claim. The Foundation has said that in order to know whether a memory is true or false, there must be external corroboration. The Foundation has said that those who have made the strong claim for the existence of "recovered memories" as described in the early literature, have the responsibility for providing the evidence.

[1] Hinnefeld, B. & Newman, R. (1997) Analysis of the Truth and Responsibility in Mental Health Practices Act and Similar Proposals. *Professional Psychology: Research and Practice* 18(6) 537-543.

[2] Shobe and Kihlstrom (1997) Is traumatic memory special? *Current Directions in Psychological Science* 6(3)

## DEBUNKING TRAUMATIC MEMORY AS SPECIAL

by Allen Feld

Moir Johnson, author of *Spectral Evidence*, said that we are experiencing the "golden age of memory research." The publication of a special memory issue of *Current Directions in Psychological Science* (6,3: June, 1997) adds support for her view.

Included in the many important articles in this issue is one that asks, "Is Traumatic Memory Special?" by Katharine Shobe and John Kihlstrom. For anyone who is wrestling with the often claimed, yet unproved, mantra that "traumatic memory is special," this article is a must. The arguments for this highly questionable hypothesis are concisely described and then, with the precision of surgeons, the authors detail the serious scientific flaws in the assumptions and research.

After placing traumatic memory in historical perspective by reviewing Janet, Breuer and Freud, the authors examine contemporary voices. Much of contemporary belief in the specialness of traumatic memory derives from the work of Lenore Terr, who posited that repeated traumatic events occurring over an extended period of time (Type II trauma) are poorly remembered, but that a single clearly defined incident (Type I trauma) will not be forgotten. This theory was a solution to the neuroscientific as well as the behavioral and cognitive evidence that explicit memory for emotionally arousing events tends to be permanent. Shobe and Kihlstrom show both the deficiency in Terr's research and how other research readily explains some of her data.

Bessel van der Kolk, often associated with the concept of body memories, argues that explicit memories (such as memory for details and events) are interfered with by traumatic stress, while "sensory, motor or affective representations" of traumatic events are deeply imprinted as part of

implicit memory.

The blatant weakness of this research becomes apparent when the process of selecting the sample, the strong potential for bias within the sample, the lack of control for comparisons between traumatic and non-traumatic events that were made by the subjects, the age when the abuse may have happened and the retrospective nature of the study are examined.

The theory of "betrayal trauma" rests on the assumptions that a betrayal (such as sexual abuse) by an important figure (like a parent) and the dependence of the child on the abuser are the reasons people forget their abuse. This theory would explain why trauma effects on memory seem variable. Shobe and Kihlstrom note that this theory, proposed by Jennifer Freyd, is "...almost entirely speculative" (73). They claim that some of the scientific justifications that Freyd attempts to use "are of unclear relevance to her theory" (*ibid.*). Freyd speculated that Type II traumas involved betrayal but she did not deal with the methodological problems of those studies.

Shobe and Kihlstrom debunk Charles Whitfield's belief that traumatic memory is state dependent. They note that "All memory is dependent on the degree of congruence between the context in which encoding took place and that in which retrieval is attempted." (*ibid.*) This is particularly important because it seriously undermines the justification of memory recovery techniques (e.g. hypnosis, other hypnotic-like techniques like age regression, guided imagery, sodium amytal, etc.) to enhance memory.

Even if there were research demonstrating that traumatic memories are state dependent, there would still be no reason to conclude that they are special. (There is, however, no laboratory or clinical evidence that traumatic memory is state dependent.)

Shobe and Kihlstrom's article sur-

veys a key claim that proponents of traumatic memory often make in the courts. One wishes that all judges who have to make a decision concerning the scientific basis for evidence presented in recovered memory cases would read this article.

Other informative articles in this issue are:

**Lynn, S.J. & Payne, D.G.** Memory as the theater of the past: The psychology of false memories

**Payne, D.G. et al:** Compelling memory illusions: The qualitative characteristics of false memories

**Loftus, E.G.:** Memory for a past that never was

**Schacter, D.:** False recognition and the brain

**Bruck, M. & Ceci, S.J.:** The suggestibility of young children

**Lynn, S.J. et al:** Recalling the unrecalled: Should hypnosis be used to recover memories in psychotherapy?



### A REMARKABLE CLAIM

Pamela Freyd

"This study establishes once and for all ...." is a remarkable claim to find in a research report. It immediately raises questions as to whether the authors might have an underlying political agenda because researchers usually underscore the limitations of their studies and the need for replication.

In "Objective documentation of child abuse and dissociation in 12 murderers with dissociative identity disorder" published in the December 1997 issue of the *American Journal of Psychiatry*, Dorothy Otnow Lewis et al claim to have established once and for all the relationship between dissociative identity disorder and early childhood abuse.<sup>(1)</sup> The article has already been widely cited.

The authors examined twelve convicted murderers psychiatrically, neurologically and for dissociative phenomena. They tell us that the clinical

data regarding the murderers' symptoms and abuse histories are in the public domain, mostly through legal documents. The authors found that all the murderers showed dissociative identity disorder and that they had also showed signs of it in childhood. They report that the subjects had amnesia for the abuse and underreported it.

The fact that all subjects showed childhood evidence of the disorder is interesting because it contrasts with the cases brought to the attention of the Foundation where people showed no symptoms of dissociative disorder until they became involved in therapy as adults. It coincides with the observation by Daniel Schacter that "patients who recover previously forgotten memories involving years of horrific abuse should also have a documented history of severe pathology that indicates a long-standing dissociative disorder."<sup>12</sup>

While the study reports details of the dissociative phenomena, it does not report on the results of the neurological exams. This is intriguing. In a July 1986 article in the *American Journal of Psychiatry*, Dr. Lewis reported on clinical evaluations of 15 death row inmates.<sup>13</sup> In that study, all were reported to have histories of severe head injury, 5 had major neurological impairment and 7 others had less serious neurological problems such as blackouts. Other tests showed evidence of central nervous system dysfunction. On psychological testing, ten had evidence of significant cognitive dysfunction. Do the subjects in the 1997 study show similar results? If not, then how would the difference in neurological impairment between the two samples be explained? And if they did have neurological damage, then is it justified to claim that symptoms are from psychological sources (i.e. abuse)?

Dr. Lewis has studied convicted

murderers for many years and has been an expert witness in a number of trials. She has found evidence of multiple personality disorder when other experts did not. In a report on the trial of serial rapist Arthur Shawcross, her method for uncovering memories was described:

"Lewis turns on the Shawcross video and fast-forwards it to the part where the prisoner has been hypnotized and Lewis has asked him—for the third or fourth time—whether he recalls any abuse by his mother."

*Boston Globe*, July 7, 1991, Alison Bass.

For some years now we've been hearing from the established psychotherapeutic associations that only "fringe therapists" use hypnotism to recover memories, and only incompetents lead their clients with repeated suggestive questioning.

Does this study of 12 convicted murderers establish, "once and for all, the linkage between early severe abuse and dissociative identity disorder?"

1. Lewis, D. O. et al (1997) Objective documentation of child abuse and dissociation in 12 murderers with dissociative identity disorder. *American Journal of Psychiatry* 154:12, 1703-1710.

2. Schacter, D. L. (1996) *Searching for Memory*. New York: Basic Books. page 262

3. Lewis, D. O. et al. (1986) Psychiatric, neurological, and psychoeducational characteristics of 15 death row inmates in the United States. *American Journal of Psychiatry* 143:7, 838-845.



## WORLD CONFERENCE OF CHRISTIAN COUNSELORS

Paul Simpson, Ed.D.

The World Conference of Christian Counselors represents one of the most important gatherings for Christian professional counselors. Sponsored by the American Association of Christian Counselors (AACC), it is held only every few years. I was invited to chair a panel discussion of FMS this year. The other members of the panel were strong believers in the accuracy of recovered

memory but were honestly seeking to address the FMS issues.

There were 2500 Christian professionals from all over the world for the 4-day event. Sessions ranged from clinical depression, to sex addictions to multiple personalities and beyond. I brought a simple and important message: *the false memory crisis is real and must be addressed*. The Foundation was helpful in providing information packets for participants.

The dialogue during the panel discussion was lively and we had respectful disagreements. My presentation focused on the basics:

- Theories of repression and dissociation are neither scientific nor Biblical.

- Recovered memory therapy constitutes professional malpractice and directly contradicts a Biblical standard of conduct.

- False memories are a scientific fact and may be caused by use of memory recovery techniques.

- It is necessary to develop a balanced approach that considers the accused.

- There are practical steps for dealing with recovered memory claims.

Sadly, after the presentation, one prominent therapist let me know that "science meant nothing to (him)" and that "relational truth" was more important than scientific or Biblical truth. I asked him what he meant by "relational truth." He replied that it would take too long to explain. Puzzled and left to guess what "relational truth" comprised, I asked a second question: "Are you applying this relational truth to accused families?" He had no response.

The Christian counseling community has far to go in coming to terms with their responsibility in the destruction of thousands of lives of clients and their families. But there is progress. The recent multi-million

dollar judgments, the criminal indictments and the recommendations of the Royal College of Psychiatrists are helping to break through. Having the FMS message presented at the World Conference was an important step towards awakening the Christian community. I thank the Foundation for information and the families that helped make my participation a reality.

Paul Simpson, Ed.D is the author of *Second Thoughts* (1996). He directs the "Building Bridges" program in Tucson, Arizona.

### Response to a Notice

The notice placed by Lee Holmes in the December newsletter asking for contact from people affected by *Confronting Abuse, LDS Perspective* generated much interest. Lee writes that he now has a group of over 50 people who wish to move forward.

### Requesting Information:

If the therapy that has affected your family is in any way connected to the church community (especially Assembly of God) or advertised as Religious Counseling, or Christian Counseling, please contact

Tom Rutherford  
3669 S. Ridgcrest Ave  
Springfield, MO 65807  
Home: 417-883-8617  
Fax: 417-886-9464

"Given the difficulty in distinguishing true from false memories, and given the lack of evidence for repression, as well as for the necessity of memory recovery in the healing process, we contend that therapy focused on memory recovery does not provide enough documented benefits to justify the risk of false memory creation." page 4

Hyman, Jr. I. and Loftus, E. F., Some people recover memories of childhood trauma that never really happened. in *Trauma and Memory: Clinical and Legal Controversies* (Edited by Paul S. Appelbaum, MD, Lisa A. Uyehara, M.D. and Mark R. Elin, Ph.D.) New York: Oxford U Press, 1997

M A K E

A DIFFERENCE

*When bad men combine, the good must associate; else they will fall one by one, an unpitied sacrifice in a contemptible struggle.*

Edmund Burke Vol. i. p. 526.  
*Thoughts on the Cause of the Present Discontent*

*This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 18,000 have reported similar experiences. Together we have made a difference. How did this happen?*

**California:** In our local group we have parceled out some jobs and I took on the task of keeping the Board of Behavioral Science Examiners informed of the latest activities that surround incompetent therapists. Last month I sent them (1) Royal College of Psychiatrists Recommendations; (2) New York Times (11/5/97) article about the \$10.6 million settlement in *Burgus v Braun*; and (3) Houston Chronicle (10/30/97) article about the federal criminal indictments of 5 mental health workers.

**Montana:** Once I made a connection with the Foundation (1996) and gained knowledge of what had happened to our family, I knew it was our responsibility as a family to share the knowledge with others. Since my wife and I are teachers, the natural thing to do was to educate. As we moved forward, helping others seemed to temper the pain we were suffering.

We went public with a local newspaper and held a public meeting. To my despair only 7 people attended. I was somewhat discouraged but came to realize that most people have a tough time coming forward when they have been accused.

After regrouping, I contacted a counseling training program within the Montana University system. Our family conducted a 3-hour training session with 12 master level therapists-in-training. We were well received.

We arranged a sectional meeting at the Montana Counseling Association State Convention in 1997. We secured CEUs for therapists and renewal credits for teachers. Our local newspaper released a wonderful article. As the two-day conference unfold-

ed, we had 104 in attendance, 51 therapists, a newspaper reporter from Montana's largest newspaper, the local TV station, the head psychiatrist from Shodair Hospital, the largest sexual abuse care hospital in Montana, 2 counselors/directors from the largest private college in the northwest, an administrative assistant from Montana's Managed Care organization, the State Director for the LDS Social Services and Families in the United States and Canada. Pamela Freyd and the Rutherford Family were the speakers.

The program was stunning. Our first meeting less than a year ago attracted 7 people. This year 104 attended. We know we are not in this battle alone. We will continue to assist all those who will listen and those who are in need of what we can offer.

**Montana:** The "60-Minutes" story has been great publicity for our area. It has shaken the very core of the mental health community in Bozeman. We have scheduled two workshops for therapists in January. Both have received approval for CEUs. Nadean Cool and her daughter Kim will be speaking at both.

**New York:** I wrote to my senator regarding New York State's "recovered memory" Bill S.4477. I enclosed information about FMS. I also enclosed my personal and professional objections to the bill. Upon receipt of my letter, which arrived during the week following "60 Minutes" coverage of the subject, I received a call from Senator Volker's counsel who informed me that my letter, coupled with its opportune timing had convinced the Senator not to reintroduce the bill in the next legislative session.

**Wisconsin:** Reporters aren't usually very interested in talking to me, but when I called and said "60 Minutes" was doing a story, they listened and they wrote! We had 4 newspapers in the state do front-page stories on Nadean Cool and "60 Minutes." Two local CBS affiliates also did FMS stories on their evening news. Two reporters thanked me for the tip. Am I ever glad that I called them.

*Send your ideas to Katie Spanuella  
c/o FMSF*

*Make a Difference is continued on p 17.*



FMSF Staff

## SUMMARY OF RECENT CASES INVOLVING THE SCIENTIFIC STATUS OF REPRESSED MEMORIES

(Copies of motions and unpublished decisions are available from the FMSF Brief Bank.)

Lemmerman v. Fealk, 534 N.W.2d 695, (Mich, July 5, 1995). The Michigan Supreme Court held that neither the discovery rule nor the disability statute extend the limitations period for tort actions allegedly delayed because of repression of memory of assaults. "It cannot be concluded with any reasonable degree of confidence that fact finders could fairly and reliably resolve the questions before them, given the state of the art regarding repressed memory and the absence of objective verification."

Borawick v. Shay, 68 F.3d 597 (2nd Cir., Conn., October 17, 1995), *cert denied*. The U.S. Second Circuit Court affirmed dismissal of Complaint following an *in limine* ruling prohibiting plaintiff from testifying based on hypnotically-refreshed recollections of sexual abuse. The court stated, "The fact remains that the literature has not yet conclusively demonstrated that hypnosis is a consistently effective means to retrieve repressed memories of traumatic, past experiences accurately." The court expressed concern over the risks of suggestibility, confabulation, and memory hardening when hypnosis triggers the testimony.

Woodroffe v. Hansenclever, 540 N.W.2d 45 (Iowa, Nov. 22, 1995). The Iowa Supreme Court affirmed summary judgment in a case where "the plaintiff is asserting multiple causes of action against a defendant based on memory surfacing sporadically after many years." The extension of the statute of limitations sought by plaintiff was described as favoring a "rolling statute of limitations" where each time plaintiff recalls something new, the "clock" would be reset and the plaintiff would have additional time to bring another lawsuit.

Blackowiak v. Kemp, 546 N.W.2d 1 (Minn, April 19, 1996). The Minnesota Supreme Court held that the state statute of limitations for sexual abuse is to be interpreted under an objective reasonable person standard as to whether the plaintiff had reason to know of the sexual abuse, since, as a matter of law, injury is inferred because of the nature of the criminal sexual conduct. To construe, the court wrote, the statute as dependent on when the victim may "acknowledge" or "appreciate" the nature and extent of the harm

resulting from the abuse is "a wholly subjective inquiry" which is "simply not relevant to the ultimate question of the time at which the claimant knew or should have known that he/she was sexually abused."

Hunter v. Brown, 1996 WL 57944 (Tenn. App., February 13, 1996) slip copy. In this case of first impression, the Tennessee Court of Appeals declined to apply the discovery rule to toll the statute of limitations in "repressed memory" cases. The Court noted that the "inherent lack of verifiable and objective evidence in these cases distinguishes them from cases in which Tennessee courts have applied the discovery rule [previously]. We find that there is simply too much indecision in the scientific community as to the credibility of repressed memory." Affirmed by the Tennessee Supreme Court, Hunter v Brown which declined to rule on the question of applicability of the discovery rule in "repressed memory" cases because it found that under the facts of the case, the claim was time-barred.

S.V. v. R.V., 933 S.W.2d 1, 39 Tex. Supp. J. 386, (Tex., March 14, 1996) The Texas Supreme Court held that in order to apply the discovery rule to toll the statute of limitations under any set of facts, including repressed memory claims, the wrongful event and injury must be "objectively verifiable" and inherently undiscoverable. After a thorough review of expert testimony and scientific literature, the court concluded that the scientific community has not reached consensus on how to gauge the truth or falsity of "recovered" memories. Therefore, the court held that expert opinion in this area does not meet the objective verifiability requirement for extending the discovery rule.

Kelly, et al. v. Marcantonio, et al., 678 A.2d 873, (R.I., July 11, 1996). The Rhode Island Supreme Court held that the reliability of repressed memory theory must first be determined prior to extending the statute of limitations. The court instructed trial judges to hold an evidentiary hearing reviewing "the entire scientific theory of repressed recollection and the scientific method through which such recollections are recovered" to determine whether the specific "repressed recollection" is "sufficiently relevant, reliable, and scientifically and/or medically established." The court held that the claim may be brought only if the trial judge determines that the theory is "scientifically accepted and valid" and the evidence shows the Plaintiff to be of "unsound mind."

Travis v. Ziter, 681 So.2d 1348 (Ala., July 12, 1996). The Alabama Supreme Court ruled that alleged repressed memories do not qualify as disability to extend the statute of limitations. After a review of the literature regarding repressed memories, the court concluded, "there is no consensus of scientific thought in support of the repressed

memory theory." The court emphasized that no court which addressed "the speculative nature of the repressed memory theory" allowed the issue to be decided by the jury.

Doe v. Maskell, 679 A.2d 1087 (Md., July 29, 1996), *cert denied* 117 S.Ct. 770 (1997). The Court of Appeals, Maryland's highest court, held that "repression of memories is an insufficient trigger" to justify extension of the statute of limitations for filing civil suits. After a review of the scientific literature and the "dangers of iatrogenic (therapist created) memories," the court concluded, "We are unconvinced that repression exists as a phenomenon separate and apart from the normal process of forgetting. Because we find these two processes to be indistinguishable scientifically, it follows that they should be treated the same legally." The court affirmed the lower court's ruling which had concluded, following a week-long evidentiary hearing, that the testimony regarding repressed memory was of insufficient scientific reliability under Reed/Frye or Daubert. See, Doe v. Maskell in the Circuit Court for Baltimore City, Maryland, No. 9423601/CL185756, May 5, 1995.

Comm. of Pennsylvania v. Crawford, 682 A.2d 323 (Pa. Super, July 30, 1996). A Pennsylvania Superior Court reversed a murder conviction based on testimony derived from repressed memories, stating that the trial court should have analyzed whether, in Pennsylvania, the admission of the revived repressed memory testimony was appropriate. The court noted that the theory of repressed memories is "widely debated and many are critical of the theory." It is not a subject juries are normally familiar with or able to "draw conclusions as to its accuracy or credibility" without the assistance of expert testimony.

State of Rhode Island v. Quattrocchi, 681 A.2d 879 (R.I., July 31, 1996). The Rhode Island Supreme Court overturned a conviction on sex abuse charges, because the trial court failed to hold a preliminary hearing, without a jury, to determine whether the accuser's "flashbacks" of abuse were reliable. The court "reviewed the controversy over the reliability and admissibility of testimony, expert and otherwise, relating to repressed recollection," and noted that studies show that the psychoanalytic process can lead to a distortion of the truth. Based on these conclusions, the court instructed trial justices in both civil and criminal cases to "exercise a gatekeeping function and hold a preliminary evidentiary hearing outside the presence of the jury in order to determine whether such evidence is reliable and whether the situation is one on which expert testimony is appropriate...The failure to hold such a hearing constitutes error." The court specifically stated that cross-examination alone is an insufficient means to determine the reliability of such testimony and is unlikely to lead to the truth.

M.E.H. v. L.H., 669 N.E.2d 1228, 218 Ill. Dec. 702 (Ill.App.2nd Dist., August 28, 1996). The Illinois Appellate Court declined to apply the discovery rule to a "repressed memory" claim finding that, by definition, an individual claiming "repressed" memories must have had some memory to repress and therefore can be assumed to have known of the alleged event at the time it occurred. The court reasoned that a traumatic assault by its very nature puts the individual on notice of the injury and that the actionable conduct might be involved. The court concluded, citing Tyson v. Tyson with approval, "If we applied the discovery rule to such actions, the statute of limitations would be effectively eliminated and its purpose ignored. A person would have an unlimited time to bring an action, while the facts became increasingly difficult to determine. The potential for spurious claims would be great and the probability of the court's determining the truth would be unreasonably low." Affirmed by the Illinois Supreme Court, M.E.H. v. L.H., 1997 WL 562001 (Ill., Sept. 4, 1997), *slip copy*.

Knode v. Hartman, U.S. Court of Appeals, 5th Cir., No. 94-11120, Sept. 9, 1996, unreported. The U.S. Court of Appeals found a "repressed memory" claim barred by Texas' two-year statute of limitations. The court concluded that "recovered" memories of Complainant's sister were not sufficient to establish the objective verification of the claims as required under S.V. v. R.V., 933 S.W.2d 1 (Tex., 1996).

Logerquist v. Danforth, 932 P.2d 281 (Ariz. App. Div. 2, October 3, 1996). The Arizona Court of Appeals held that "repressed memory" claims may invoke the discovery rule—assuming that "the trial court determines that evidence of the underlying claim of repressed memory is admissible." The court noted that the trial court had not addressed or ruled on the issue of the admissibility of repressed memory under Frye. Since it did not, and "since their resolution seemingly will require analysis and determination of facts and opinions," the appellate court remanded the matter for further proceedings consistent with its decision. Regardless, the plaintiff retains the burden of establishing that the discovery rule applies.

Engstrom v. Engstrom, No. B098146, (Cal. App., 2nd App. Dist., Div. 2, June 18, 1997) unpublished. *Cert. denied* (Cal., Sept. 3, 1997), No. B098146. In an unpublished opinion, a California Court of Appeal affirmed a Superior Court's judgment of non-suit since appellant had no memories of childhood abuse other than those generated during the period he was in therapy and "compelling" evidence showed that those memories did not meet the Kelly-Frye standard of admissibility. The court ruled, therefore, that appellant was "rightly precluded from testifying to any recovered repressed memories." The court also noted that even were an appellant to meet the "delayed discovery"



provision of California statute of limitations, Section 340.1, the additional evidentiary hurdle must be surmounted before that appellant would actually be able to testify to any claimed recovered repressed memories. See, Engstrom v. Engstrom, Superior Ct., Los Angeles Co., California, No. VC-016157 (October 11, 1995).

John BBB Doe v. Archdiocese of Milwaukee, 565 N.W.2d 94 (Wisc., June 27, 1997). The Wisconsin Supreme Court affirmed dismissal of Complaints in seven consolidated cases involving both Type 1 and Type 2 claims. In addressing the Type 2 repressed memory claims and after a review of case law in other jurisdictions, the court concluded that it would be contrary to public policy and would defeat the purpose of the limitation statutes to allow claims of repressed memory to invoke the discovery rule to indefinitely toll the statute of limitations.

State of New Hampshire v. Hungerford, 1997 WL 358620 (N.H., July 1, 1997). The New Hampshire Supreme Court affirmed the lower court's ruling that the party offering repressed memory testimony of either an expert or complainant has the burden to prove it sufficiently reliable to be admitted. The question of reliability is to be considered on a case-by-case basis, but "tempered with skepticism" according to factors based on Daubert and the availability of any direct corroboration. The court specified why the phenomenon cannot currently be considered reliable or to have gained general acceptance in the scientific community. The court noted that if the phenomenon were ever able to satisfy the court's objections and be found reliable, then additional inquiry into the circumstances of memory recovery (especially any therapeutic process) may be called for. See, State of New Hampshire v. Hungerford, 1995 WL 378571 (N.H. Super., May 23, 1995).

State of New Hampshire v. Walters, 1997 WL 937024 (N.H., Aug. 6, 1997), slip copy. The New Hampshire Supreme Court reversed the lower court's ruling which had allowed complainant's repressed memory testimony in a criminal sexual assault trial. Citing Hungerford, the court reaffirmed that the proponent of repressed memory testimony held the burden of demonstrating that the testimony is reliable. In addition, the court reiterated that repressed memories must satisfy the eight-pronged admissibility test enunciated in Hungerford in order to demonstrate that the testimony is reliable. Noting the difficulties the defense would face in cross-examining a dream or flashback, the court reiterated its conclusion in Hungerford, "[t]he indicia of reliability presented in the particular memories in this case do not rise to such a level that they overcome the divisive state of the scientific debate on the issue."

Barrett v. Hyldburg, 1997 WL 434876 (N.C., Aug. 5,

1997). The North Carolina Court of Appeals affirmed the lower court's finding that Plaintiff's testimony as to her allegedly repressed memories was precluded, absent accompanying expert testimony explaining the phenomenon of memory repression. The court elected in its discretion to address this singular issue presented by the Plaintiff although it noted that plaintiff's appeal is premature. See Barrett v. Hyldburg, Superior Ct, Buncombe Co., North Carolina, No. 94-CVS-0793, January 23, 1996.

Ramona v. Ramona, 66 Cal. Rptr.2d 766 (Ca. App., Aug. 19, 1997). In a unanimous opinion, the Second District Court of Appeals ordered a lower court to dismiss a "repressed memory" claim because, the court concluded, the testimony was tainted by the drug sodium amytal which was administered during therapy. The court concluded that the repressed memory testimony of Plaintiff is "inadmissible under Kelly due to the lack of general acceptance in the scientific community of the reliability of memories recalled after a sodium amytal interview." See, Ramona v. Ramona, Superior Ct., Los Angeles Co., California, No. KC-009493, March 11, 1997.

Dalrymple v. Brown, 1997 WL 499945 (Pa., Aug. 25, 1997). The Pennsylvania Supreme Court refused to apply the discovery rule to cases involving "repressed memories." The court held that repressed memories do not provide the kind of objective evidence required to invoke the discovery rule or to demonstrate an undiscoverable injury. The concurring opinion noted that, "the validity of repressed memory theory is subject to considerable debate in the psychological community and some courts have rejected its admissibility."

#### THE SCIENTIFIC STATUS OF REPPRESSED MEMORIES TRIAL LEVEL DECISIONS:

State of New Hampshire v. Hungerford, 1995 WL 378571 (N.H. Super., May 23, 1995). In May 1995, after a two-week long Frye/Daubert hearing and a thorough factual review, Superior Court Judge Groff concluded that the State failed to meet its burden of proving that there was general acceptance of the phenomenon of repressed memory in the psychological community, and, further, that the State failed to demonstrate that the phenomenon was reliable. "The Court finds that the testimony of the victims as to their memory of the assaults shall not be admitted at trial because the phenomenon of memory repression, and the process of therapy used in these cases to recover memories, have not gained general acceptance in the field of psychology; and are not scientifically reliable... Testimony that is dependent upon recovery of a repressed memory through therapy cannot be logically disassociated from the underlying scientific concept or the technique of recovery." Affirmed. State of

New Hampshire v. Hungerford, 1997 WL 358620 (N.H., July 1, 1997).

Engstrom v. Engstrom, Superior Ct., Los Angeles Co., California, No. VC016157, Oct. 11, 1995. Superior Court Judge Sutton granted a motion to exclude the testimony of plaintiff and his witnesses, including expert witnesses, regarding "repressed memories," "repression" or "dissociation," finding that "the phenomenon of 'memory repression' is not generally accepted as valid and reliable by a respectable majority of the pertinent scientific community and that the techniques and procedures utilized in the retrieval process have not gained general acceptance in the field of psychology or psychiatry." Following a 402 hearing on September 6, 1995, Judge Sutton found the testimony proffered by plaintiff and his expert witnesses did not meet the standard required under Kelly/Frye. The court labeled the repressed memory theory and retrieval process "junk science." A judgment of non-suit followed this ruling. Affirmed, Engstrom v. Engstrom, No. B098146, (Cal. App., 2nd App. Dist., Div. 2, June 18, 1997) unpublished.

Carlson v. Humenansky, No. CX-93-7260, 2nd Dist., Ramsey Co., Minnesota, Dec. 29, 1995. District Court judge Bertrand Poritsky ruled that the concept of repression does not meet either the Frye or Daubert standard and that "expert testimony which assumes the validity of this concept of repression be excluded." An expert's testimony and conclusions may not be based on the reliability of this concept. I do not find it to reach the threshold of reliability for general acceptance."

State of Illinois v. Stegman, Rickman, Circuit Ct., Massac Co., Illinois, No. \_\_\_, Oct. 25, 1995. Murder charges against defendants Stegman and Rickman were based on Stegman's daughter's "recovered" memories of the murder. A woman's body had been found in 1967 and the murder was never solved. The daughter's medical records verified that she had been hypnotized, even though the State at first denied that she had ever been under hypnosis. On Oct. 11, 1995, the judge granted a motion (paralleling arguments found in Hungerford) to hold a pre-trial hearing based on Frye and Daubert to determine the admissibility of expert testimony and testimony derived from repressed memory therapy. Then on Oct. 25, 1995, the state withdrew the murder charges. Stegman has recently filed a malpractice suit against his daughter's therapists.

Barrett v. Hyldburg, Superior Court, Buncombe Co., North Carolina, Case No. 94-CVS-0793, January 23, 1996. Judge Ronald Bogle granted defense motion to exclude all evidence derived from alleged repressed memories and left the order open for such additional findings of fact as may be appropriate. "[T]his court is of the opinion, considering

all of the evidence that has been presented, the arguments of counsel, the scientific evidence, the deposition evidence, the case law, and the matters contained in the file, that the evidence sought to be introduced is not reliable and should not be received into evidence in this trial." The court concluded, "there has been no general acceptance in the relevant scientific community of the theory of repressed memory....The reliability of repressed memory evidence itself has not been shown, and therefore, the evidence should be excluded at trial." Affirmed in part, Barrett v. Hyldburg, 1997 WL 434876 (N.C., Aug. 5, 1997).

Dalrymple v. Brown, Superior Court of Pennsylvania, 1628 Philadelphia 1995 (J.A52010/1995) February 21, 1996. The Superior Court of Pennsylvania concluded that the "discovery rule" does not operate to toll the statute of limitations when plaintiff claims psychological repression of alleged sexual abuse. The court held that in applying the discovery rule, the objective standard of "reasonable diligence" is to apply. Affirmed by Pennsylvania Supreme Court. See, Dalrymple v. Brown, 1997 WL 499945 (Pa., Aug. 25, 1997).

Thomason v. Vice, Superior Court, San Joaquin County, California, No. 263209, Order June 25, 1996, Decision, March 4, 1996. Superior court Judge F. Clark Sueyres excluded expert testimony as to repressed memory because "there is no general acceptance by the scientific community of this scientific technique." In an earlier Order (June 25, 1996), the court in effect excluded lay testimony on recovered repressed memory, holding that because the phenomenon of recovered repressed memory is beyond the ken of the jury, in order for the jury to be able to evaluate the witness's credibility, her testimony must be supported by the testimony of a scientific expert explaining the scientific principles underlying the phenomenon.

Doe v. Maskell, in the Circuit Court for Baltimore City, Maryland, No. 9423601/ CL185756, May 5, 1995. Circuit Court Judge Hilary Caplan dismissed the suit in 1995, following a week-long evidentiary hearing, after which the court concluded that the testimony regarding repressed memory was of insufficient scientific reliability under Reed/Frye or Daubert. Affirmed. Doe v. Maskell, et al, 679 A.2d 1087 (Md., July 29, 1996), cert denied 117 S.Ct. 770 (1997).

Franklin v. Stevenson, Third Judicial District Court, Salt Lake County, Utah, No. 94-090177PI, Order dated December 6, 1996. Judge Kenneth Rigrup reversed a jury verdict in this case which had been based on claims of recovered repressed memories of childhood sexual abuse. In an Order Granting Final Judgment Notwithstanding the

Verdict, Judge Rigrup ruled that the plaintiff's testimony should not have been considered reliable, stating the court could see no difference between hypnotic suggestion and the "inherently unreliable" techniques used to enhance plaintiff's memory, concluding, "there is no scientific evidence in this cases...that there is any scientific basis for 'recovery' of a memory through the use of these techniques." Order has been appealed.

*J.M. v. Merkl*, District Court, Tenth Judicial District, Anoka Co., Minnesota, March 3, 1997. At the close of presentation of Plaintiff's case at trial, District Court Judge James D. Gibbs granted a defense motion for a directed verdict for the defendant. In an Order and Memorandum of Law, Judge Gibbs found that the standard set forth in *Frye* is applicable to this case as to the admissibility of the theory of revitalization of repressed memories. Judge Gibbs wrote that upon review of plaintiff's expert testimony, it "failed to meet the more flexible standard as set forth in *Daubert* and certainly did not meet the *Frye* standard, thereby disallowing [the expert's] testimony regarding the revitalization of repressed memories." The Court found that the qualifications of the expert were insufficient to lay foundation for reliability of his testimony in the area.

*(It should be noted that at least three other trial courts, at the time of this writing, are considering motions to hold evidentiary hearings on the question of the reliability of repressed memory claims and the theory on which they are based. Motions to limit the admissibility of repressed memory testimony had been presented in several cases which were voluntarily dismissed prior to a ruling on those motions.)*



B O O K

REVIEW

## YOU THE JURY

### A Recovered Memory Case

Mark E. Roseman, William B. Craig and  
Gini Graham Scott

Seven Locks Press, 467 pages

Reviewer: Professor Ralph Slovenko

In this book attorneys Mark E. Roseman and William B. Craig, with the assistance of Gini Graham Scott, take the reader through the trial of a case involving a 27-year-old woman who accuses her stepfather of sexually abusing her when she was a youngster—abuse that she remembered only after she became an adult.

Although the alleged incidents occurred more than 15 years ago, the complainant is convinced they actually happened. She says that because of what her stepfather did, she "psychologically dissociated and buried her memories of her childhood sexual abuse, resulting in a dissociative amnesia condition."

The stepfather, on the other hand, insists he is innocent and claims that a psychologist planted the memories in his stepdaughter's mind.

In presenting the views of the adversaries, Roseman represents the plaintiff and Craig represents the defendant. In the opening parts of the book the lawyers meet their clients, decide to take the case, and investigate it. About halfway through the book the trial begins. Along with the presentation of witnesses, lay and expert, the lawyers argue for or against the existence of recovered memories on behalf of their clients.

At the end of the book there is a verdict form and readers are asked to cast their verdict for the plaintiff or the defendant. The results of the vote will be announced at the 1998 Book Expo of America. It's the reason for the book's title — *You the Jury*.

The question is not asked but it

would be interesting to learn whether readers changed their minds after reading the book. I would doubt it. The arguments pro and con are well-known, especially to members of FMSF.

And about the legal process, there is actually not much in the book that any layperson does not already know from seeing trials on television or reading about them in many courtroom novels. The book is a primer on preparing for trial and going to trial.

Be that as it may, one thing is certain: Parents who have been accused of sexual abuse can identify with the disbelief and the desperation suffered by the parties in the case. It is well described.

*Ralph Slovenko, J.D. Ph.D. is Professor of Law and Psychiatry at Wayne State University, and a member of the FMSF Scientific Advisory Board. He is the author of Psychiatry and Criminal Culpability (New York: Wiley).*



## STRANGER THAN FICTION: WHEN OUR MINDS BETRAY US.

By Marc Feldman & Jacqueline  
Feldman with Roxanne Smith

Washington, DC: American Psychiatric  
Press, 1998. 270 pp

Reviewer: Loren Pankrantz, Ph.D.

In *Stranger Than Fiction*, University of Alabama psychiatrists Marc and Jacqueline Feldman review a spectrum of mental disorders in which a person's thinking becomes unintentionally distorted. One chapter of interest to readers of this newsletter is on the false memory syndrome.

I have long been acquainted with the work of Marc Feldman because of our common interest in psychiatric consultation on medical services and, more specifically, in factitious disorders—those conditions manufactured or created by patients that allow them

to play a sick role. Dr. Feldman, thus, is acquainted with patients who are not always accurate in what they report to their health-care providers. I was not surprised, therefore, to see a chapter in this book devoted to the false memory syndrome.

Here, in the midst of other "lies of the mind" the false memory syndrome seems so ordinary. The authors have no ax to grind, no side to take, and no need to make anyone look foolish. Nevertheless, they leave no doubt about their position on this phenomenon. While not ruling out the possibility of repressed memories, they take "strong issue with the extent to which repressed memories are reported to exist."

The authors attack the unscientific use of survivors' symptom check list as "a crude home test kit" that is deceptively simpleminded. They dismiss the idea that current feelings are strong indicators of abuse as suggested in *The Courage to Heal*. Adopting such approaches, they declare, allows recovery therapists to "write themselves an intellectual blank check."

Why do patients cling so fiercely to a painful conclusion of abuse when the only evidence is a memory constructed from shadows? The Feldmans' responses are insightful and sensitive. Having bought their recovered memories at such a high price, patients are not easily persuaded to relinquish what they believe to be their only hope for wellness. Further, these patients bond with their therapists, whose treatment styles usually encourage excessive attachment.

Marc Feldman describes a patient who made up stories of sexual abuse in a survivors' group. But when the patient retracted her claims, her therapists said she was now trying to protect herself from painful memories. Caught in this dilemma, she was then too angry to form a relationship with any therapist and also too dysfunctional to make it on her own. Feldman

helped her identify her strengths and create specific goals for therapy. He then had her describe the attributes, therapeutic skills, and educational training she wanted in a therapist. This sensitive strategy allowed her to begin reclaiming her life.

The Feldmans offer a masterful review of the false memory syndrome, but the chapter does not stop there. They continue with sections on facilitated communication, satanic ritual abuse, and John Mack's alien abductions—topics that belong together.

I have long believed that John Mack, the Harvard psychiatrist who describes alien abductions, should receive an award from the False Memory Syndrome Foundation. Here's why. The idea of recovering memories of sexual abuse has a certain popular appeal that is easily believable, but John Mack has unwittingly shown the public that some people will endorse any idea, no matter how utterly without objective foundation.

Of course, Mack is only one in a long history of those who believe it is possible to communicate with "something out there." I have been collecting historical books on this topic for many years. For example, Swedenborg (1688-1772) discoursed with spirits and angels about the inhabitants of all our nearby planets and some of the moons (*Earths in Our Solar System*). Some dismissed him as psychotic.

At times it is difficult to tell whether the visionary is under the influence of narcotics, hysteria, seizures, or delirium. (See for example, Clanny, *The Miraculous Case of Mary Jobson*, 1841.) The *Seeress of Prevorst* (Kerner, 1845) was medically ill also, but her communication with spirits about the geography of spiritual realms were explained by magnetism. Kerner now had a scientific explanation for her ability. How can anyone be so absurd as to assert that

her vision can be ascribed to the influence of others, he taunted the reader in his preface in (vain) hope of eliminating suggestion as an explanation.

Then in 1851, Alphonse Cahagnet published *The Celestial Telegraph*, which described the startling results of his experiments in mesmerism with eight normal individuals. As in the case of Mack, Cahagnet's subjects contacted a world unknown but expected by many. Their vivid descriptions of heaven, like those of Mack's subjects, fit the notions of the day about what things out there should look like. For example, the reader discovers that there is no sex in heaven and that our families and friends are there in white robes, eagerly awaiting our arrival. Cahagnet believed, like Mack, that the convergence of these stories by multiple subjects confirmed their reality.

With the introduction of modern spiritualism in 1848, messages arrived more directly, first with raps, then on slates, and finally through the voices of mediums—those go-betweens for the bereaved and their loved ones. Spirits were eager to tell us how happy they were on the other side. (See such early books as Post, *Voices from the Spirit World*, 1852; Hewitt, *Messages from the Superior State*, 1853.) Eventually, spiritualism fell apart as the tricks of mediums were unraveled and people lost interest in heaven. But the idea of someone out there trying to contact us has never disappeared. Mack has simply wrapped Swedenborg's fascination with people from other planets in modern dress.

Because *Stranger than Fiction* is written for the general public, people will learn about the false memory syndrome who might not read a whole book on the topic. I highly recommend it. However, I have some quarrels with pieces here and there. The book's introduction is more likely to confuse than illuminate the reader when trying to define lies of the mind. Also, the

discussion of defense mechanisms and insight is too simplistic for these sophisticated authors. Nevertheless, the general public will greatly enjoy this book, especially the many fascinating case examples.

Loren Pankratz, Ph.D. is a Consultation Psychologist and Clinical Professor, Oregon Health Sciences University, Portland, OR. He is a member of the FMSF Scientific Advisory Board.

"Over the past decade, according to many psychiatrists, a fad has taken hold in their profession that has led some of their colleagues to abuse the trust of their patients. Critics say that fad is a trendy diagnosis called multiple personality disorder, MPD. Its proponents assert that, frequently because of childhood trauma, an individual may create several different personalities in his or her own mind. The critics of the MPD diagnosis say these 'personalities' and the so-called memories they dredge up are frequently false, some of them planted by the therapist."

Mike Wallace  
60 Minutes, CBS  
November 30, 1997

"British psychiatrists have put another nail in the coffin of what has unfortunately become a popular theory—the notion that the mind can repress traumatic memories. That idea spawned 'recovered memory' therapy, in which a patient revisits a memory that has allegedly been forgotten...Great Britain's Royal College of Psychiatrists has concluded that any memory recovered through hypnosis, dream interpretation or 'regression therapy' is almost certainly false...Cheers to the Royal College."

Editorial, *Durham Herald-Sun*  
January 17, 1998

## A RETRACTOR SPEAKS

Beth Rutherford

*Editor's Note: We are presenting Beth's story in two parts. Part I relates Beth's therapy experiences which led to memories of parental abuse. Part II will be presented in a future issue of the Newsletter. It will relate how Beth came to realize that her memories were false and about the subsequent lawsuit filed by the Rutherford family.*

### Background:

Beth Rutherford, Springfield, MO went for counseling at age 19 due to stress from her work as a nurse in a cancer unit. The first time she went into the counselor's office she was certain that she had a wonderful family and childhood. However, during 2 1/2 years of therapy with a church counselor, she began recovering "memories" of being sexually abused by her father between the ages of 7 and 14. Allegations were made against her father (a credentialed minister). She accused him of many things including impregnating her twice and performing a coat hanger abortion on her. If prosecuted, he would face 7 years to life in prison. A series of events over many months brought Beth to the realization that these "memories" were false memories. Beth later retracted and rejoined the family. Upon being medically examined, Beth was found to be a virgin. She now is speaking out to help prevent what happened to her from happening to others.

\*\*\*\*\*

### Beth's Story

#### The Process:

How did the reconstruction of my childhood and supposed recovery of "past memories" occur in therapy?

It was a *process*. It happened slowly, and I never stood back and looked at 'A to Z' all at once. I was absorbed into this *process* one "letter" at a time. The following is a general overview of the *process*:

**P** - Putting doubt in my mind about my family, our relationships, my childhood, and my own memory.

**R** - Remembering my childhood.

**O** - Omitting the good and focusing on the perceived bad.

**C** - Commitment that dreams and ideas are "true memories" and flashbacks of reality.

**E** - Emotionalizing the memories and establishing loyalties to my therapist.

**S** - Separating from my parents and from all those who did not believe me. Then taking....

**S** - Steps of accusation and confrontation.

Each one of these phases was groundwork for bringing me deeper into believing that terrible sexual abuse had actually happened to me. In my conversations with other victims of this therapy, this *process* seems to be a common thread in all of our experiences with Age Regression/Recovered Memory Therapy.

#### **P - Putting doubt in my mind**

The starting point for me was the therapist asking me if I had ever been sexually abused. After I got over the shock, I emphatically said, "No, never!" I was told that I fit the signs (symptom list) of being abused.

The power of suggestion is an underestimated power. In my second session I happened to tell my therapist that I sometimes had strange dreams of heated argu-

ments between my father and me, dreams of having my father send bears after me, and of his coming after me with a knife. I was told that these were dreams that sexually abused people have and, therefore, I had to have been sexually abused. This was the start of the downhill slide of my life for the next 2 1/2 years.

The following are a few examples of the conversations that I had in therapy that put doubts in my mind, causing me to begin to wonder if perhaps I had been a victim of sexual abuse:

*Therapist: You're a high achiever in school (4.0 GPA). This suggests that you have been sexually abused.*

*Beth: How?*

*Therapist: You absorbed yourself with your academic studies in order to cope with the abuse you experienced at home.*

*Beth: But, why don't I remember any of this?*

*Therapist: It is because you have repressed it. It's the only way you could deal with the pain. Now you are mature enough to handle the information your mind is trying to reveal to you.*

*Beth: Really?*

*Therapist: You need to trust me. I know what I'm talking about when it comes to sexual abuse. I will help you recover your past and work through it. You see, Beth, the only way you will ever be a mentally healthy person is to recover these memories and deal with them. Then you can become a truly whole person.*

The suggestion that your family and childhood may not be as good as you thought is powerfully implanted.

### **R - Remembering my childhood**

I was asked to remember and tell what it was like growing up in my home. I shared various stories, conversations, events, told about places, and gave multiple details. I described what our home looked like, how many rooms it had, where all of the bed-

rooms were, etc. These statements gave my therapist specific events and details to work with as she weaved an amazing abuse story and all the while using my own stories with a new interpretation and twist. For example, in describing one of the homes we lived in, I told my therapist about a little storage shed that we had. This later became a place in my "memories" where I had been tied up and objects were inserted in me.

### **O - Omitting the good and focusing on the perceived bad**

In this phase of therapy, I began to talk less and less about the good in my family. When I attempted to point out times of happiness, I was told that this was not the focus of our session. Every wonderful time I described from my childhood was taken and twisted into an example of a dysfunctional family.

Example 1: I told the therapist about times when my Dad and I wrote out checks and paid bills together when I was 9 years old. Instead of seeing the good in this situation, that I was learning about finances and enjoying a grown-up activity, my therapist focused on a twisted reinterpretation, stating that my father treated me as a marriage partner, and that he really should have been doing this with my mom. The therapist said that this was an indication that he preferred me over my mother.

Example 2: I shared about a few times that my sisters and I got a peck on the lips as a good-bye from my parents when they would be leaving on a trip or going away for a few days. Instead of seeing this as a beautiful and simple demonstration of parental love, the therapist suggested that only a husband and a wife should ever kiss on the lips, that it was wrong for a daughter and father to do so, and that this was inappropriate sexual behavior on the part of my father.

Example 3: My parents would encourage me to do well in school

since academics was a natural ability and interest of mine. Instead of seeing this as parental support for my tendencies toward and enjoyment of academics, the therapist reinterpreted the parental words of encouragement, saying, "Your parents were feeling guilty about the fact that they were abusing you. If you did well in school, they wouldn't feel like they were causing you any damage or harm by the abuse they were committing."

Over time I came to believe that I had an incorrect memory of my childhood and that my therapist really had the correct view. I was told that people who were abused are not good judges of their own past because if abuse is all you have known or grown up with, you would not see it as wrong or abnormal.

### **C - Commitment that dreams and ideas are "true memories" and flashbacks of reality**

As the focus on sexual abuse in our therapy sessions escalated, so did the sexual content and intensity of my dreams. I would come into the next therapy session and was asked what I had dreamed about recently. I was told that these were actual memories (not dreams or fantasies) and that through dreams my mind was revealing facts to me.

I was asked to concentrate deeply on my childhood. In this state of deep concentration and focus on earlier years, I went into hypnotic and trance-like states.

After "coming out" of one of these trances, I was told by my therapist that I had just revealed an event of sexual abuse and described for her something that had happened to me. She would then read back to me what she had written down about the "memory" I had recovered. I trusted my counselor. I looked up to her (she had an MS degree in counseling-psychology and BSW in social work). She was a professional. Although I didn't consciously remember what happened in those



trance-like states, I felt that I could trust her when she would explain, "Beth, you have just had a flashback into your past. . .these are real events that have actually happened to you. . ."

#### **E - Emotionalizing the memories.**

We talked about what a victim "feels" like and focused on the emotions of a victim: feelings of helplessness, loss of control, anger, hatred of your mother for not protecting you from your father, feeling dirty and afraid. As I began to internalize these emotions, they became a part of my thinking and my feelings.

I began having "body memories." When coming out of a trance, I could actually feel the pain of being penetrated. My legs would go numb from 'remembering' times of being tied up. Again, I was told that this all was repressed and was now coming out; my mind was now allowing me to know what really happened to me as a child. These physical symptoms only reinforced for me that these times of abuse had to have happened or I would not be feeling the physical pain.

A highly significant phase of fully believing in the reality of my recovered "memories" was going to other mental health professionals for evaluations. A psychiatrist and a psychologist concluded from their psychological testing and evaluation that indeed I had been severely traumatized as a child. With these results, I fully believed that my good and happy childhood was really a cruel joke. *(I only wish that I realized then what I know now, that Psychological testing is not a proof of history. It is only a reflection of what you believe and what is in your mind at the time of testing.)*

#### **E - Establishing loyalties to my therapist**

I told my therapist everything: every dinner conversation held at home, my parents' phone calls that I overheard, the comments my dad and mom made to me, etc. I called her from my closet at home if I felt scared.

There were times I might call her four or more times a day in addition to my numerous therapy sessions. Sometimes I had two and three therapy sessions a week. Some were two- and three-hour marathons each.

I sneaked into my father's office and got into his files and found papers he had to sign. I brought them to the therapist so that she could copy them for herself, and then I sneaked them back into my father's files.

I would have given my life to be her daughter. An emotional bond was formed between us. I felt like only she could save me from my broken life. I thought that only she truly knew me and, therefore, only she could help me. I lived for my therapist and therapy sessions.

#### **S - Separating from my parents and from all those who did not believe me.**

I was told that the only way that I was going to be able to be a healthy adult was to get away from my infectious parents, because they were like cancer and I had to "cut them out" in order to be a mentally healthy adult. The therapist told me that they were the cause of all the problems in my life, and I must be the one to break the cycle of abuse in my family so that I in turn would not abuse my children. I was told that my parents' refusal to admit guilt meant that I must separate from them, for they were *in denial*.

By this time, I had deteriorated physically. I weighed 87 pounds, was on medication, and hated life. I was told that in order to have any happiness in my life, I had to get away from my sick parents and any relatives who would not believe me. Only by cutting them all out of my life was healing possible.

#### **S - Steps of accusation and confrontation**

Not every son or daughter takes this step. I was more than encouraged; I actually felt pressured to do this by the therapist. My plan was to get away from my parents and never see them

again. However, accusations were brought against my parents in an ecclesiastical meeting, an absolute nightmare for them. It was the first time they were informed of what 2 1/2 years of therapy had created.

To accuse my parents was a statement of defiance. I told them that just because they wouldn't admit what they had done to me didn't mean I would back down from my belief that they did it. Making these accusations was driven by the therapist, who consistently told me that to accuse is the only way *true healing* can begin.

I was never further from *true healing*! I went to her office 2 1/2 years earlier as a normal, well adjusted, happy young adult with job stress. And after 2 1/2 years of "treatment" I was unrecognizable! I was a wreck mentally, physically, socially, financially and educationally. I was jobless with a destroyed past, present, and future. Thank God, He helped me find my way out of "therapy" and put me on the road of recovery.

**In summary**, each situation is different. Those of us who are victims of False Memory Syndrome initially go to a therapist for different reasons. For me, it was job stress. For others it may be a painful divorce, a death in the family, marital problems, problems with a child, a tragic pregnancy, etc. But one thing is certain, we never walked into the therapist's office with *the idea* that we had been sexually abused. Unfortunately however, we all left with *that idea*.

Each person is an individual with individual needs who warrants being treated as such. If you went to a medical doctor's office with indigestion and wanted him to treat you for the indigestion, would it be acceptable medical practice for a doctor

- to neglect to give you a physical examination;

- to not verify symptoms with external evidence and tests, or not take a

medical history, etc.;

- to extemporaneously diagnose you with cancer of the stomach;

- to proceed with years of treatment (chemo/radiation/experimental drugs);

- to talk you into having a surgery to cut out the cancer by removing part of your stomach;

- to watch you deteriorate in every way; only to discover you never had cancer at all?

Would this be acceptable medical practice? Of course not! So why are similar methods tolerated in the professional mental health community? There is something wrong with "methodology" or "services rendered" if an unsuspecting client comes in with a little headache and goes out with no arms or legs....comes in with one problem and leaves with a life shattered to pieces. What ever happened to the sensibility of the Hippocratic Oath, "To Do No Harm." Yes, there are *real* people who do have *real* cancer who need treatment. And of course, there are *real* people, who have had experienced *real* sexual abuse who may need assistance in dealing with that horrendous load of agony and pain. Those people *deserve* to be believed, listened to and helped. One case of sexual abuse is one case too many.... a nightmare for any who have lived through it. But to diagnose someone as sexually abused and to lead people to believe that horrible things happened to them that in reality never did....to destroy lives....to play with peoples' minds is morally despicable malpractice.

*Nothing in all the world is more dangerous than sincere ignorance.*

Martin Luther King, Jr. 1963

*It is time to stand up and fight for a return to reason and plain common sense. I feel the challenge that faces all people from all walks of life is to seek the truth, test the truth, and speak the truth.*

[Montaigne, 1580].

## FROM OUR

## READERS

Some stories do have happy endings. Our family is now re-united and all fifteen will be with us at our house for Christmas.

A Mom and Dad

Our accusing daughter and her two sisters all came for Christmas. They flew in from different parts of the country to stay for two days. It was fabulous. For the first time in over seven years we felt that we have a family once again. I can only say to others, "Don't give up hope."

A Dad

I thought it wouldn't matter if she died. My daughter died. It matters. Death is final.

Be there for your children no matter what they have done. Be there to hold their hand.

Death is final. I didn't get to be there with her when she died.

Grieving Mother

Our long nightmare of a legal case due to false accusations by a beloved daughter is over, thanks in part to a ruling of the Pennsylvania Supreme Court in a case involving abuse claims similar to those against us. The many many prayers said on our behalf have been heard and answered. Thank you. Thank you. All of you.

Although there has been a legal victory of sorts, it is bittersweet because our child is lost to us and her brothers, sisters, nieces, nephews, aunts and uncles and grandmother. She has renounced us all. We pray daily for her to gain understanding and change her lifestyle.

We will be eternally grateful for your unwavering support.

A Mom and Dad

I feel moved to write you as this is another story with a happy ending. I was accused by our daughter of sexual abuse that she "remembered" in what she described as a flashback. This was following extensive therapy and her search for why she did not have peace in regard to her spiritual journey.

My wife and I were separated from both of our children in a most horrid, heart-rendering meeting with them and her therapist. The separation and no contact lasted 5 years. I was told I could not have contact unless I first admitted to the (false) accusations.

Fortunately, my wife was finally able to reunite with the children. She then took some major steps in working on reconciliation for the whole family. Two months ago with the aid of some key trusted people something was set up for me too.

After a couple of hours and many tears on both sides, a complete reconciliation took place. It is unbelievable. We are just overjoyed to be together again.

My daughter has not said she does not believe the abuse occurred, nor does she say it did. She says the Lord moved her to drop the sexual abuse allegations.

We want to thank you for all you have done and are doing for those involved in this agony. We also have had a very close-knit local support group for parents falsely accused. With these people we were able to share our grief, cry together, pray for one another and uphold each other.

We are a new family, a new relationship. It is truly a rebirth and we give God the glory and will let Him be the judge.

A Happy Dad

## ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)

## \*STATE MEETINGS\*

Call persons listed for info & registration

### FLORIDA EVENTS

#### International Cartoon Museum Party and Reception

Friday February 13, 1998 6:00 to 7:30 P.M.

All FMSF Members and Professionals are invited  
Hosted by SIRS to celebrate the publication of *Smiling  
through Tears* and Mort Walker, President of the  
International Cartoon Museum  
Museum is at 201 Plaza Real, Boca Raton, FL 33432  
(that's in Mizner Park). Telephone: (561) 391-2200.

#### Public Lecture featuring Elizabeth Loftus Saturday Morning February 14, 1998

Sponsored by: Florida Atlantic University 777 Glades  
Rd. • Boca Raton, FL and Social Issues Resources Series

#### False Memory Creation:.

Friday February 13, 1998

Attendance limited to invited professionals  
Drs. Stephen Ceci, Elizabeth Loftus, Peter Ornstein,  
Daniel Schacter(Florida Atlantic University)

### TEXAS MEETINGS

Pamela Freyd and Eleanor Goldstein will talk about their new book

#### *Smiling through Tears*

Dallas Saturday March 28, 1998    Houston Sunday March 29, 1998  
1 - 5 p.m.    1 - 5 p.m.

For information:  
George: (214) 239-5108

For information:  
Jo: (713) 464-3942

\* \* \* \* \*

Future Meetings featuring Eleanor and Pamela  
April - New Mexico

May - Vermont and Northern New York  
May 30 - Toronto

### INDIANA

Saturday, April 18, 1998 8:30 a.m. to 4:00 p.m.

Speakers: The Rutherford Family

Continental breakfast and delicious luncheon included. The meeting  
will be in Indianapolis and is sponsored by the Indiana Association for  
Responsible Mental Health Practices. For more information call:  
Nickie: (317) 471-0922; Fax: 317-334-9839 or Pat: 219-482-2847

### MAKING A DIFFERENCE - continued

**Colorado:** In April of 1997, my husband and I, frustrated because we felt we were ineffective in trying to reach our estranged daughter, decided to sponsor an educational seminar on false memory in Northern Colorado. We shared our plan with the community director at Mountain Crest Behavioral Healthcare System, the local psychiatric facility and they offered to co-sponsor the event. We entitled the seminar "When Memories Lie...The Psychological, Legal, Sociological and Emotional Impact of Recovered Memory Therapy."

During the next six months, our major task was arranging knowledgeable speakers on the subject. We were fortunate to have the enthusiastic cooperation of Pamela Freyd, Ph.D., who spoke in depth of the results of the FMSF Surveys of Families, Retractors and Lawsuits. Eleanor Goldstein, Founder of SIRS, explained how FMS developed. Amos Martinez, Ph.D., Director of, and Walter Simmon, Ph.D., Member of the Colorado Grievance Board explained the State's position on false memory therapy. Richard Ofshe, Ph.D., Professor of Sociology spoke on the economical and moral implications of practicing recovered memory therapy. Attorney David Lane presented the legal side of the issue and how the courts are viewing testimony. Bringing it all to life was the Rutherford Family with their compelling story about getting into and out of and surviving the devastation of recovered memory therapy.

As we contacted many potential speakers, my husband and I were overwhelmed with the enthusiasm expressed by everyone with whom we spoke. We were delighted and humbled by the willingness of parents, families and friends to contribute endless hours typing, distributing posters and sending our mailings. The newspapers in the three largest cities in Northern Colorado did full page articles on the event. Attendance at the seminar was approximately 200 people. We have made the tapes of the sessions available to the Foundation so that others may participate in this program. An order blank is included in this newsletter for these *professional* talks. Next month there will be a *special tape for families* available featuring the Rutherford Family.

We feel that many people truly made a difference.

Norma and David Govan

KEY : (MO) - Monthly; (bi-MO) - bi-monthly  
(\*) - see the State Meetings List, page 17.

## CONTACTS &amp; MEETINGS - UNITED STATES

## ALASKA

Bob (907) 556-8110

## ARIZONA

Barbara (602) 924-0975;  
854-0404 (fax)

## ARKANSAS

Little Rock

Al & Lela (501) 363-4368

## CALIFORNIA

Sacramento - (quarterly)

Joanne & Gerald (916) 933-3655

Rudy (916) 443-4041

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or

Charles 984-6626(am); 435-9618(pm)

East Bay Area - (bi-MO)

Judy (510) 376-8221

South Bay Area - Last Sat. (bi-MO)

Jack & Pat (408) 425-1430

3rd Sat. (bi-MO) @10am

Central Coast

Carole (805) 967-8058

Central Orange County - 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

Orange County - 3rd Sun. (MO) @6pm

Jerry & Eileen (909) 659-9636

Covina Area - 1st Mon. (MO) @7:30pm

Floyd & Libby (818) 330-2321

San Diego Area

Dee (619) 941-4816

## COLORADO

Denver - 4th Sat. (MO) @1pm

Art (303) 572-0407

## CONNECTICUT

S. New England - (bi-MO) Sept-May

Earl (203) 329-8365 or

Paul (203) 458-9173

## FLORIDA\*

Dade/Broward

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen (407) 498-8684

Central Florida - 4th Sun. (MO) @2:30pm

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (813) 856-7091

## GEORGIA

Atlanta

Wally & Jill (770) 971-8917

## HAWAII

Carolyn (808) 261-5716

## ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693

Joliet

Bill & Gayle (815) 467-6041

Rest of Illinois

Bryant & Lynn (309) 674-2767

## INDIANA\*

Indiana Assn. for Responsible Mental Health Practices

Nickle (317) 471-0922; fax (317) 334-9839

Pat (219) 482-2847

## IOWA

Des Moines - 2nd Sat. (MO) @11:30 am Lunch

Betty & Gayle (515) 270-6976

## KANSAS

Kansas City - 2nd Sun. (MO)

Leslie (913) 235-0602 or

Pat (913) 738-4840

Jan (816) 931-1340

## KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 361-1838

## LOUISIANA

Francine (318) 457-2022

## MAINE

Bangor

Irvine & Arlene (207) 942-8473

Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

## MARYLAND

Ellicott City Area

Margie (410) 750-8694

## MASSACHUSETTS/NEW ENGLAND\*

Andover - 2nd Sun. (MO) @ 1pm

Frank (508) 263-9795

## MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area - 3rd Sun. (MO)

Nancy (810) 642-8077

## MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

## MISSOURI

Kansas City - 2nd Sun. (MO)

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

St. Louis Area - 3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

Refractors group also forming

Springfield - 4th Sat. (MO) @12:30pm

Dorothy & Pete (417) 882-1821

Tom (417) 883-8617

## MONTANA

Lee & Avone (406) 443-3189

## NEW JERSEY (So.)\*

See Wayne, PA

## NEW MEXICO

Albuquerque - 1st Sat. (MO) @1pm

Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Sy (505) 758-0726

## NEW YORK

Westchester, Rockland, etc. - (bi-MO)

Barbara (914) 761-3627

Upstate/Albany Area - (bi-MO)

Elaine (518) 399-5749

Western/Rochester Area - (bi-MO)

George & Eileen (716) 586-7942

## NORTH CAROLINA

Susan (704) 481-0456

## OKLAHOMA

Oklahoma City

Dee (405) 942-0531

HJ (405) 755-3816

Rosemary (405) 439-2459

## PENNSYLVANIA

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5616

Monroese

John (717) 278-2040

Wayne (includes S. NJ) - 2nd Sat. (MO)

@1pm (No meeting in Dec., Jan., Feb., Mar.)

Jim & Jo (610) 783-0396

## TENNESSEE

Wed. (MO) @1pm

Kate (615) 665-1160

## TEXAS\*

Houston

Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

## UTAH

Keith (801) 467-0669

## VERMONT

(bi-MO) Judith (802) 229-5154

## VIRGINIA

Sue (703) 273-2343

Washington

Phil & Suzi (206) 364-1643

## WEST VIRGINIA

Pat (304) 291-6448

## WISCONSIN

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

## CONTACTS &amp; MEETINGS - INTERNATIONAL

## BRITISH COLUMBIA, CANADA

Vancouver & Mainland - Last Sat. (MO)

@1-4pm

Ruth (250) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (250) 721-3219

## MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

## ONTARIO, CANADA

London - 2nd Sun. (bi-MO)

Adrian (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

## QUEBEC, CANADA

Montreal

Alain (514) 335-0863

St. André Est.

Mavis (514) 537-8187

## AUSTRALIA

Irene (03) 9740 6930

## ISRAEL

FMS ASSOCIATION fax-(972) 2-625-9282 or

E-mail-fms@netvision.net.il

## NETHERLANDS

Task Force FMS of Werkgroep Fictieve

Herinneringen

Anna (31) 20-693-5692

## NEW ZEALAND

Colleen (09) 416-7443

## SWEDEN

Ake Molier FAX (48) 431-217-90

## UNITED KINGDOM

The British False Memory Society

Roger Scofield (44) 1225 868-682

Deadline for the March Newsletter is Feb. 15  
Meeting notices MUST be in writing and should be  
sent no later than two months prior to meeting.

## Copyright © 1998 by the FMS Foundation

3401 Market Street, Suite 130  
Philadelphia, PA 19104-3315  
Phone 215-387-1865 or 800-568-8882  
Fax 215-387-1917  
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

### FMSF Scientific and Professional Advisory Board

January 1, 1998

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; Terence W. Campbell, Ph.D., Clinical and Forensic Psychology, Sterling Heights, MI; Rosalind Cartwright, Ph.D., Rush Presbyterian St. Lukes Medical Center, Chicago, IL; Jean Chapman, Ph.D., University of Wisconsin, Madison, WI; Loren Chapman, Ph.D., University of Wisconsin, Madison, WI; Frederick C. Crews, Ph.D., University of California, Berkeley, CA; Robyn M. Dawes, Ph.D., Carnegie Mellon University, Pittsburgh, PA; David F. Dinges, Ph.D., University of Pennsylvania, Philadelphia, PA; Henry C. Ellis, Ph.D., University of New Mexico, Albuquerque, NM; George K. Ganaway, M.D., Emory University of Medicine, Atlanta, GA; Martin Gardner, Author, Hendersonville, NC; Rochel Gelman, Ph.D., University of California, Los Angeles, CA; Henry Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Lila Gleitman, Ph.D., University of Pennsylvania, Philadelphia, PA; Richard Green, M.D., J.D., Charing Cross Hospital, London; David A. Halperin, M.D., Mount Sinai School of Medicine, New York, NY; Ernest Hilgard, Ph.D., Stanford University, Palo Alto, CA; John Hochman, M.D., UCLA Medical School, Los Angeles, CA; David S. Holmes, Ph.D., University of Kansas, Lawrence, KS; Philip S. Holzman, Ph.D., Harvard University, Cambridge, MA; Robert A. Karlin, Ph.D., Rutgers University, New Brunswick, NJ; Harold Lief, M.D., University of Pennsylvania, Philadelphia, PA; Elizabeth Loftus, Ph.D., University of Washington, Seattle, WA; Susan L. McElroy, M.D., University of Cincinnati, Cincinnati, OH; Paul McHugh, M.D., Johns Hopkins University, Baltimore, MD; Harold Merskey, D.M., University of Western Ontario, London, Canada; Spencer Harris Morfit, Author, Boxboro, MA; Ulric Neisser, Ph.D., Cornell University, Ithaca, NY; Richard Ofshe, Ph.D., University of California, Berkeley, CA; Emily Carota Orne, B.A., University of Pennsylvania, Philadelphia, PA; Martin Orne, M.D., Ph.D., University of Pennsylvania, Philadelphia, PA; Loren Pankratz, Ph.D., Oregon Health Sciences University, Portland, OR; Campbell Perry, Ph.D., Concordia University, Montreal, Canada; Michael A. Persinger, Ph.D., Laurentian University, Ontario, Canada; August T. Piper, Jr., M.D., Seattle, WA; Harrison Pope, Jr., M.D., Harvard Medical School, Boston, MA; James Randi, Author and Magician, Plantation, FL; Henry L. Roediger, III, Ph.D., Washington University, St. Louis, MO; Carolyn Saari, Ph.D., Loyola University, Chicago, IL; Theodore Sarbin, Ph.D., University of California, Santa Cruz, CA; Thomas A. Sebeok, Ph.D., Indiana University, Bloomington, IN; Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M., Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; Margaret Singer, Ph.D., University of California, Berkeley, CA; Ralph Slovenko, J.D., Ph.D., Wayne State University Law School, Detroit, MI; Donald Spence, Ph.D., Robert Wood Johnson Medical Center, Piscataway, NJ; Jeffrey Victor, Ph.D., Jamestown Community College, Jamestown, NY; Hollida Wakefield, M.A., Institute of Psychological Therapies, Northfield, MN; Charles A. Weaver, III, Ph.D., Baylor University, Waco, TX

Do you have access to e-mail? Send a message to  
pjf@cis.upenn.edu

If you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list: it distributes research materials such as news stories, court decisions and research articles. It would be useful, but not necessary, if you add your full name: all addresses and names will remain strictly confidential.

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1997 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35 (in U.S. dollars); Foreign: 1 year \$40. (Single issue price: \$3 plus postage.)

### Yearly FMSF Membership Information

Professional - Includes Newsletter \$125 \_\_\_\_\_  
Family - Includes Newsletter \$100 \_\_\_\_\_  
Additional Contribution: \$ \_\_\_\_\_

PLEASE FILL OUT ALL INFORMATION—PLEASE PRINT

\_\_\_ Visa: Card # & exp. date: \_\_\_\_\_

\_\_\_ Mastercard: # & exp. date: \_\_\_\_\_

\_\_\_ Check or Money Order: Payable to FMS Foundation in  
U.S. dollars

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State, ZIP (+4) \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

FORWARDING SERVICE REQUESTED.

Mail Order To:  
 FMSF Video  
 Rt. 1 Box 510  
 Burkeville, TX 75932

# FMS FOUNDATION VIDEO TAPE ORDER FORM for When Memories Lie (Colorado Seminar)

DATE: / /

Ordered By:

Ship To:

Please type or print information:

QUANTITY	TAPE #	DESCRIPTION	UNIT PRICE	AMOUNT
	440	Defines Colorado Grievance Board	3.00	
	441	Pamela Freyd, Ph.D. David Lane, Attorney	3.00	
	442	The Rutherford Family	3.00	
	443	Eleanor Goldstein and Richard Ofshe, Ph.D.	3.00	
SUBTOTAL				
ADDITIONAL CONTRIBUTION				
TOTAL DUE				

**Cost of videotapes:**

Each Tape \$3.00

Shipping and packaging  
in Continental U.S.

1 - 2 Tapes \$4.00

3 - 4 Tapes \$6.00

5 - 8 Tapes \$8.00

Allow two to three weeks for delivery. Make all checks payable to: FMS Foundation  
 if you have any questions concerning this order, call: Benton, 409-565-4480

The tax deductible portion of your contribution is the excess of goods and services provided.

THANK YOU FOR YOUR INTEREST